OMB Approved No. 2900-0525
Respondent Burden: 15 minutes

Department of Veterans Affairs

VA MATIC CHANGE

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 USC 1908). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. Income and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (vii) of section 6103 (1)(D) of the Internal Revenue Code of 1986. Any information provided by you including your social security number, may be used in matching programs conducted in connection with any proceeding for the collection of an amount owed the United States by virtue of your participation in any benefit program administered by VA.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

1. FIRST, MIDDLE, LAST NAME OF INSURED	2. INSURANCE FILE NUMBER
3. ADDRESS OF INSURED *(Include No. and street or rural route, City or P.O., state and ZIP Code)*	4. DAYTIME TELEPHONE NUMBER
	5. SOCIAL SECURITY NUMBER

CHECK EITHER BOX A OR BOX B AND COMPLETE THE INFORMATION UNDER THE APPROPRIATE BOX.

IF BOX B IS CHECKED, THE INFORMATION BELOW MUST BE COMPLETED BY THE NEW FINANCIAL INSTITUTION. PLEASE SIGN IN ITEM 6.

☐ A. CHANGE THE ACCOUNT NUMBER ONLY. The bank or financial institution remains the same.

NEW ACCOUNT NUMBER _____

☐ B. CHANGE THE FINANCIAL INSTITUTION. (Please take this form to your bank or financial institution to complete the blocks below.

NAME OF FINANCIAL INSTITUTION *(Include branch name)*	ADDRESS OF BANK OR FINANCIAL INSTITUTION

TRANSIT ROUTING NUMBER FOR E.F.T.	INSURED'S ACCOUNT NUMBER	TYPE OF ACCOUNT ☐ CHECKING ☐ CREDIT UNION

SIGNATURE OF FINANCIAL INSTITUTION REPRESENTATIVE FOR E.F.T.	REPRESENTATIVE'S PHONE NO. ( )

I HEREBY request that the Department of Veterans Affairs change the account number and/or financial institution on my VA MATIC account to that shown above, for the purpose of paying Government Life Insurance premiums. I further authorize the Department of Veterans Affairs to adjust the amount of this deduction if my premiums increase or decrease. I understand that each deduction will be in the amount of my monthly premium payment and the deduction shall be made on the premium due date. Unless otherwise specified by me, this authorization will cover all of the Government Life Insurance policies under the Insurance File Number shown in Item 2.

6. SIGNATURE OF INSURED	7. DATE

WHEN COMPLETED, PLEASE MAIL THIS FORM TO:

Department of Veterans Affairs
Regional Office and Insurance Center
P.O. Box 42954
Philadelphia, PA 19101

IF YOU HAVE ANY QUESTIONS ABOUT YOUR INSURANCE, PLEASE CALL OUR TOLL-FREE NUMBER 1-800-669-8477